

# **PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER**

No. \_\_\_\_\_

## **SCHOOL EXTRA-CURRICULAR ACCOUNT**

PAID BY CHECK:

DATE \_\_\_\_\_

No. \_\_\_\_\_ Date \_\_\_\_\_, \_\_\_\_\_

Purchased From \_\_\_\_\_

Address \_\_\_\_\_

Purchased For \_\_\_\_\_

Deliver To \_\_\_\_\_

Send Invoice To \_\_\_\_\_

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the \_\_\_\_\_ Fund

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Quantity	Description	Unit	Price	Total
<div style="transform: rotate(-30deg); font-size: 100px; opacity: 0.3;">SAMPLE</div>				
Total This Order				

 Signed: \_\_\_\_\_  
 Person Authorized to Purchase

 I hereby certify that there is an unobligated balance in the  
 applicable fund sufficient to pay the above order.

Date: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Treasurer

**PURCHASE ORDER  
ACCOUNTS PAYABLE VOUCHER**  
(Receiving Copy)

No. \_\_\_\_\_

**SCHOOL EXTRA-CURRICULAR ACCOUNT**

PAID BY CHECK:

DATE \_\_\_\_\_

No. \_\_\_\_\_ Date \_\_\_\_\_, \_\_\_\_\_

Purchased From \_\_\_\_\_

Address \_\_\_\_\_

Purchased For \_\_\_\_\_

Deliver To \_\_\_\_\_

Send Invoice To \_\_\_\_\_

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the \_\_\_\_\_ Fund

No payment is to be made for this order until the SA-1 Form is properly filed and the items have been received.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Quantity	Description	Unit	Price	Total
SAMPLE				
Total This Order				

Signed: \_\_\_\_\_  
Person Authorized to Purchase

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except \_\_\_\_\_.

Date: \_\_\_\_\_, \_\_\_\_\_

Signed: \_\_\_\_\_  
Signature

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order

Date: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Treasurer

**PURCHASE ORDER  
ACCOUNTS PAYABLE VOUCHER**  
(File Copy)

No. \_\_\_\_\_

**SCHOOL EXTRA-CURRICULAR ACCOUNT**

PAID BY CHECK:

DATE \_\_\_\_\_

No. \_\_\_\_\_ Date \_\_\_\_\_, \_\_\_\_\_

Purchased From \_\_\_\_\_  
 Address \_\_\_\_\_  
 Purchased For \_\_\_\_\_  
 Deliver To \_\_\_\_\_  
 Send Invoice To \_\_\_\_\_

TO THE DISBURSING OFFICER:

The following expense is proposed, payable from the \_\_\_\_\_ Fund

No payment is to be made for this order until the SA-1 Form is properly filed and the items have been received.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Quantity	Description	Unit	Price	Total
SAMPLE				
Total This Order				

Signed: \_\_\_\_\_  
 Person Authorized to Purchase

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except \_\_\_\_\_.

Date: \_\_\_\_\_, \_\_\_\_\_

Signed: \_\_\_\_\_  
 Signature

I hereby certify that there is an unobligated balance in the applicable fund sufficient to pay the above order

Date: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Treasurer

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

Date: \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Treasurer

Prescribed Form SA 2 (Rev 1970)

CHECK

HRS WORKED	GROSS PAY	FEDERAL WITH.TAX	SOCIAL SECURITY	STATE WITH.TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING

**PRESCRIBED BY STATE BOARD OF ACCOUNTS** **FORM No. SA-2 (Rev. 1970)**

**SCHOOL EXTRA-CURRICULAR ACCOUNT**  
 \_\_\_\_\_ (NAME OF SCHOOL) \_\_\_\_\_ No. \_\_\_\_\_

Fund \_\_\_\_\_  
 Purpose \_\_\_\_\_  
 P.O. No. \_\_\_\_\_  
 Claim No. \_\_\_\_\_  
 Invoice No. \_\_\_\_\_

\_\_\_\_\_, Indiana \_\_\_\_\_, \_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Dollars

Payable at (Bank) \_\_\_\_\_

\_\_\_\_\_  
Treasurer

Superintendent or Principal

SPACE FOR M.I.C.R.

ORIGINAL

HRS WORKED	GROSS PAY	FEDERAL WITH.TAX	SOCIAL SECURITY	STATE WITH.TAX	INSURANCE				PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING

**PRESCRIBED BY STATE BOARD OF ACCOUNTS** **FORM No. SA-2 (Rev. 1970)**

**SCHOOL EXTRA-CURRICULAR ACCOUNT**  
 \_\_\_\_\_ (NAME OF SCHOOL) \_\_\_\_\_ No. \_\_\_\_\_

Fund \_\_\_\_\_  
 Purpose \_\_\_\_\_  
 P.O. No. \_\_\_\_\_  
 Claim No. \_\_\_\_\_  
 Invoice No. \_\_\_\_\_

\_\_\_\_\_, Indiana \_\_\_\_\_, \_\_\_\_\_

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ Dollars

Payable at (Bank) \_\_\_\_\_

**NON - NEGOTIABLE**

SPACE FOR M.I.C.R.

DUPLICATE

Combination form for payroll use as well as accounts payable

Prescribed by State Board of Accounts

Form No. SA-3 (Revised 1997)

**RECEIPT  
SCHOOL EXTRA-CURRICULAR ACCOUNT**

\_\_\_\_\_, SCHOOL \_\_\_\_\_ No. \_\_\_\_\_  
\_\_\_\_\_, IN \_\_\_\_\_, \_\_\_\_\_

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	E-F I Amount	Other

RECEIVED FROM \_\_\_\_\_ \$ \_\_\_\_\_  
THE SUM OF \_\_\_\_\_ DOLLARS  
FOR DEPOSIT TO THE CREDIT OF \_\_\_\_\_ FUND  
SOURCE \_\_\_\_\_ (Activity)

\_\_\_\_\_  
TREASURER

**ORIGINAL**

Prescribed by State Board of Accounts

Form No. SA-3 (Revised 1997)

**RECEIPT  
SCHOOL EXTRA-CURRICULAR ACCOUNT**

\_\_\_\_\_, SCHOOL \_\_\_\_\_ No. \_\_\_\_\_  
\_\_\_\_\_, IN \_\_\_\_\_, \_\_\_\_\_

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	E-F I Amount	Other

RECEIVED FROM \_\_\_\_\_ \$ \_\_\_\_\_  
THE SUM OF \_\_\_\_\_ DOLLARS  
FOR DEPOSIT TO THE CREDIT OF \_\_\_\_\_ FUND  
SOURCE \_\_\_\_\_ (Activity)

\_\_\_\_\_  
TREASURER

**DUPLICATE**

## TICKET SALES

SCHOOL \_\_\_\_\_  
 GAME \_\_\_\_\_  
 OTHER \_\_\_\_\_

TOWN OR CITY \_\_\_\_\_  
DATE \_\_\_\_\_  
ACTIVITY \_\_\_\_\_

TICKETS							
KIND	ISSUED		RETURNED		TICKETS SOLD	PRICE	TOTAL AMOUNT SALES
	SERIAL NO.	AMT.	SERIAL NO.	AMT.			
	TOTAL						

Made by \_\_\_\_\_  
(Title)

Verified and Approved by \_\_\_\_\_  
(Official or Sponsor)

ORIGINAL

## TICKET SALES

SCHOOL \_\_\_\_\_  
GAME \_\_\_\_\_  
OTHER \_\_\_\_\_

TOWN OR CITY \_\_\_\_\_  
DATE \_\_\_\_\_  
ACTIVITY \_\_\_\_\_

TICKETS							
KIND	ISSUED		RETURNED		TICKETS SOLD	PRICE	TOTAL AMOUNT SALES
	SERIAL NO.	AMT.	SERIAL NO.	AMT.			
	TOTAL						

Made by \_\_\_\_\_  
(Title)

Verified and Approved by \_\_\_\_\_  
(Official or Sponsor)

DUPLICATE

NAME OF FUND	BALANCE BEGINNING OF PERIOD 1	RECEIPTS DURING PERIOD 2	EXPENDITURES 3	BALANCE END OF PERIOD 4
	\$	\$	\$	\$
TOTAL ALL FUNDS	\$	\$	\$	\$

## CASH RECONCILEMENT

LOCATION		
DEPOSITORY BALANCE	_____	\$ _____
CASH ON HAND (ADD)		
TOTAL CASH ON HAND AND IN DEPOSITORY		\$ _____
TOTAL OF OUTSTANDING CHECKS (DEDUCT)		\$ _____
BALANCE	=====	

## OUTSTANDING CHECKS

DATE	NUMBER	AMOUNT	DATE	NUMBER	AMOUNT
		\$ _____	BROUGHT FORWARD		\$ _____
CARRIED FORWARD		\$ _____	TOTAL		\$ _____



DETAIL OF RECEIPTS AND EXPENDITURES  
BY FUNDS

\_\_\_\_\_ FUND  
RECEIPTS

SOURCE OF RECEIPTS	NATURE OF RECEIPTS	AMOUNT
		\$
TOTAL RECEIPTS		\$

NOTE: TOTAL RECEIPTS MUST AGREE WITH RECEIPTS OF THIS FUND AS SHOWN IN COLUMN 2,  
PAGE 1.

EXPENDITURE

PURPOSE OF EXPENDITURE	AMOUNT
	\$
TOTAL EXPENDITURES	\$

Name of Bank

Location of Bank

BOND OF SCHOOL TREASURER

Name of Surety \_\_\_\_\_  
Amount of Bond \$ \_\_\_\_\_  
Date of Expiration \_\_\_\_\_, \_\_\_\_\_

CERTIFICATE OF SCHOOL TREASURER/PRINCIPAL

Treasurer

Principal

School Corporation: 1 copy to Board of School Trustees or Board of School Commissioners  
1 copy to Superintendent of Schools

SCHOOL EXTRA-CURRICULAR ACCOUNT

\_\_\_\_\_ FUND NO. \_\_\_\_\_

	DATE	ITEM	RECEIPT OR CHECK NO.	~	RECEIPTS DEBIT	DISBURSEMENTS CREDIT	BALANCE	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

**CLAIM FOR PAYMENT**

No. \_\_\_\_\_

**SCHOOL EXTRA-CURRICULAR ACCOUNT****PAID BY CHECK:**

DATE \_\_\_\_\_

No. \_\_\_\_\_ Date \_\_\_\_\_, \_\_\_\_\_

Purchased From \_\_\_\_\_

Address \_\_\_\_\_

Purchased For \_\_\_\_\_

Delivered To \_\_\_\_\_

Invoice Handed To \_\_\_\_\_

**TO THE DISBURSING OFFICER:**

The following expense is proposed, payable from the \_\_\_\_\_ Fund.

No payment is to be made for this order until the SA-7 Form is properly filed and the items have been received.

An invoice or bill to be properly itemized must show: kind of service, where performed, dates service rendered, by whom, rates per day, number of hours, rate per hour, number of units, price per unit, etc.

Quantity	Description	Unit	Price	Total
				\$
SAMPLE				
Total This Order				\$

Approved for Payment \_\_\_\_\_

Signature

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and that the materials or services itemized thereon for which charge is made were ordered and received except \_\_\_\_\_

Date \_\_\_\_\_, \_\_\_\_\_

Signed: \_\_\_\_\_

Signature

I hereby certify that the attached invoice(s), or bill(s), is (are) true and correct and I have audited same in accordance with IC 5-11-10-1.6.

Date \_\_\_\_\_, \_\_\_\_\_

Treasurer

Date: \_\_\_\_\_ **SUMMARY COLLECTION FORM** NUMBER \_\_\_\_\_

\_\_\_\_\_ School

Deposit To: \_\_\_\_\_ Time Frame of Fundraiser: \_\_\_\_\_  
(Fund)

Reason for Receipts: \_\_\_\_\_  
(Fundraiser, Field Trip . . .)

Sponsor: \_\_\_\_\_, Title: \_\_\_\_\_  
(Please Print Name)

RECEIPT DETAIL:

CASH: \_\_\_\_\_

CHECKS AND MONEY ORDERS: \_\_\_\_\_  
(See Detail Below)

TOTAL: \_\_\_\_\_

*NOTE: All receipts for deposit must be accurately counted before turning in to the Treasurer. Any summary found to have a discrepancy will be returned. Please face bills and roll change when possible. The Extra-Curricular Treasurer is to provide an Official Receipt, Form SA-3, at the time the Collection Summary is turned in.*

\_\_\_\_\_  
I CERTIFY I HAVE ACCURATELY ACCOUNTED FOR ALL FUNDS  
AND REPORTED THE SAME HEREIN  
(Signature of Fund Representative, Name is Printed Above)

Detail Checks/Money Orders  
(Attach Additional Information As Needed)

<u>Number</u>	<u>Amount</u>	<u>Number</u>	<u>Amount</u>	<u>Number</u>	<u>Amount</u>	<u>Number</u>	<u>Amount</u>
Subtotal	\$	Subtotal	\$	Subtotal	\$	Subtotal	\$

Amount From Additional Sheets \$ \_\_\_\_\_

Grand Total \$ \_\_\_\_\_

Date: \_\_\_\_\_

# ACCOUNTABLE ITEMS REVIEW

Number: \_\_\_\_\_

\_\_\_\_\_ School

Time Frame of Report: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

Beginning Inventory \_\_\_\_\_

Purchases \_\_\_\_\_

Subtotal \_\_\_\_\_

Complimentary Distributions  
Per School Board Policy:

Athletic Teams \_\_\_\_\_

Staff Meetings \_\_\_\_\_

Awards \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_

Total Eligible for Sale \_\_\_\_\_

Ending Inventory ( ) \_\_\_\_\_

Items Sold \_\_\_\_\_

Sale Price \$ \_\_\_\_\_

Projected Revenue (Items Sold @ Sale Price) \$ \_\_\_\_\_

Actual Amount Received \$ \_\_\_\_\_

Difference \$ \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of School or School Corporation

[illegible]

**OFFICIAL RECEIPTS - INDIVIDUAL TEXTBOOK RENTAL LIST**

\_\_\_\_\_, SCHOOL, \_\_\_\_\_, INDIANA

Receipt \_\_\_\_\_ 0001

\_\_\_\_\_  
Date\_\_\_\_\_  
Name of Student\_\_\_\_\_  
Grade

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

Quantity	Description - Name - Series - Code	Unit Price	Total Rental Fee	For Use of Issuing Officer
Total Received		\$	\$	

**NOTE TO STUDENTS AND PARENTS:**

Care should be exercised in the use of rented textbooks in order that all books may be returned at the close of the school term in useable condition. For each textbook lost or returned damaged beyond use, an additional charge may be made as determined by school officials. Items available for classroom use not issued to students shall also be listed. If the volume of transactions for grades with a fixed list of books and materials is great enough to demand it, a copy of the printed list may be attached to the TBR-2 form and the form processed with a reference to such attached list instead of further itemization.

\_\_\_\_\_  
Issuing Officer



SF - 1

SCHOOL FOOD SERVICE  
CERTIFICATION OF MEALS PROVIDED PER HOME RULE

Date \_\_\_\_\_, \_\_\_\_\_

[illegible]

I certify that the above named individuals received meals on the dates designated in accordance with written School Board Policy.

Authorized Signature

## School \_\_\_\_\_

[illegible]

SF-2A

**SCHOOL FOOD SERVICE  
DAILY RECORD OF MEALS/MILK SERVED**

School \_\_\_\_\_

LINE No	Date _____	NSLP						AFTER SCHOOL SUP.						SBP						Kindergarten Special Milk			LINE No			
		Number of Meals Served to Students				Paid Adult Meals	SF-1 Other Meals	Total NSLP Meals	Number of Meals Served To Students				Adult Paid Meals	SF-1 Other Meals	Total SUP Meals	Number of Meals Served To Students				Adult Paid Meals	SF-1 Other Meals	Total SBP Meals		Kindergarten Special Milk		
		Paid	Free	Redu.	Total				Paid	Free	Redu.	Total				Paid	Free	Redu.	Total					Paid	Free	Total
1																									1	
2																									2	
3																									3	
4																									4	
5																									5	
6																									6	
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30																									30	
TOTALS																									31	

Date \_\_\_\_\_ Signature \_\_\_\_\_

## School \_\_\_\_\_

[illegible]

School \_\_\_\_\_

[illegible]

SF-5

## SCHOOL FOOD SERVICE TICKET CONTROL

Type of Ticket

School \_\_\_\_\_

School Year \_\_\_\_\_

[illegible]

SF-6

Page \_\_\_\_ of \_\_\_\_

## SCHOOL FOOD SERVICE EQUIPMENT INVENTORY

SCHOOL \_\_\_\_\_

Date \_\_\_\_\_

[illegible]





[illegible]